

**HEALTH CLUB WELLNESS PROGRAM
U.S. ARMY CORPS OF ENGINEERS, MOBILE DISTRICT
REIMBURSEMENT VOUCHER**

DATE OF REIMBURSEMENT PERIOD: FROM _____ TO _____

NAME _____ HEALTH CLUB INFORMATION

OFFICE SYMBOL _____ EXT. _____ CLUB NAME _____

6 DIGIT OFFICE OVERHEAD NUMBER _____ ADDRESS _____

CEFMS Local Travel Voucher # _____ PHONE NUMBER _____

ORGANIZATION CODE _____ CLUB ID NUMBER _____

TO BE COMPLETED BY PARTICIPANT

Month	No. of visits x \$3 per Visit
SEP	
OCT	
NOV	
DEC	
JAN	
FEB	

TOTAL AMOUNT CLAIMED \$ _____

I, the undersigned Corps Of Engineers Team Member, do hereby certify that the above information as to my attendance at a Health Club is true and accurate. I understand that false certification is an illegal act and presenting a false claim can be subject to administrative action and/or criminal prosecution.

Team Member Signature

Date

Supervisor Signature/Approval

Date

TO BE FILLED OUT BY AUTHORIZATION HEALTH CLUB OFFICIAL

The above signed was a member in good standing during the period _____ to _____

HEALTH CLUB OFFICIAL SIGNATURE

POSITION HELD

DATE

ALL DATA ON THIS DOCUMENT ARE SUBJECT TO VERIFICATION
BY THE HEALTH WELLNESS COMMITTEE OR THEIR DESIGNEE.

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Month	No. of visits x \$3 per Visit
March	
April	
May	
June	
July	
August	

TOTAL AMOUNT CLAIMED \$ _____

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